Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	US 10/532,102 7,331,965					
Filing Date	04/21/2005					
First Named Inventor	Poul Torben Nielsen					
Title	Measuring Equipment					
Art Unit						
Examiner Name						
Attorney Docket Number	PATRADE					

I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		
l 	Practitioners associated with the Customer Number:		49801					
OR								
Practitioner(s) named below:								
	Name			Registration Number				
				1				
								
								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and								
Trademark Office connected therewith.								
Please recognize or change the correspondence address for the above-identified application to:								
The address associated with the above-mentioned Customer Number:								
OR OR	OR							
The address associated with Customer Number:								
OR						<u> </u>		
Firm or Individual N	al Name James C. Wray							
Address	1493 Chain Bridge Road, Suite 300							
City	McLean	McLean		VA		Zip 22101		
Country	US	US						
Telephone	703-442-4800	703-442-4800		703-448-7397				
l am the:	ato-							
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature RE Signature			<u> </u>		Date	23/3-17		
<u> </u>	nested Visital Colleges (Directory Cost ingli Designation (Chairman)				elephone			
Title and Company Medichanical Engineering ApS								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
*Total of 1	forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.